



**King County**  
**Department of Development and Environmental Services**  
900 Oakesdale Avenue Southwest  
Renton, Washington 98055-1219  
206-296-6600 TTY 206-296-7217

UNINCORPORATED  
KING COUNTY  
License Application  
Shooting Range

Alternative formats available  
upon request

Application for businesses in **unincorporated** King County only

Application for Shooting Range License - \$50.00

(Send or bring application and fee to DDES at the address above.  
Make checks payable to King County Office of Finance.)

Check one: ☐ New ☐ Renewal

Name of Range\_\_\_\_\_

Address of Range\_\_\_\_\_

\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Name of Person Completing Application\_\_\_\_\_

Phone\_\_\_\_\_

Office Use Only
Fee: \$ _____ <input type="checkbox"/> check <input type="checkbox"/> cash
Late Fee:_____
Date Paid:_____
Receipt #:_____
License #:_____
Expiration:_____
Fingerprints:_____
Date Issued:_____

Organization Structure:

☐ Sole-ownership ☐ Partnership ☐ Corporation Name:\_\_\_\_\_

Please provide name of owner(s), partners or officers of corporation/board of directors. In title area state whether owner, partner or, for corporations, office held in corporation.

1.	Name: First	Middle	Last	Title	Date Term Expires	Phone
2.	Name: First	Middle	Last	Title	Date Term Expires	Phone
3.	Name: First	Middle	Last	Title	Date Term Expires	Phone
4.	Name: First	Middle	Last	Title	Date Term Expires	Phone

Range Information:

Type of Range Activity: ☐ Archery ☐ Firearms ☐ Handguns ☐ Rifles ☐ Shotguns

Name of Range Master\_\_\_\_\_Phone\_\_\_\_\_

Days and Hours of Operation:

Day of Week	Range Opens	Range Closes
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Number of Club Members:\_\_\_\_\_

Has club membership decreased, increased or stayed the same in the previous ten years?\_\_\_\_\_

Are there any changes or relocations planned? ☐ Yes ☐ No

If yes, please describe. (Use additional sheets if necessary.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check out the DDES Web site at [www.metrokc.gov/ddes](http://www.metrokc.gov/ddes)

Name of Range: \_\_\_\_\_

**Please provide the following with application:**

- 1. Notarized certification from owner/operator that facility meets commonly accepted shooting facility safety and design practices and will be operated in a manner which protects the safety of the general public.
- 2. Site plan which shows the location of all buildings, parking areas and access points; safety features of the firing range; elevations of the range showing target area, backdrops or butts; and approximate location of building on adjoining properties.
- 3. Safety plan citing range rules, sign-in procedures, and restrictions on activities in the use of range.

Name and phone number of best person to contact to schedule site inspection:

Name \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

A license will not be issued until a determination is made that the application is accurate and complete, including a notarized certification by the shooting sports facility operator that the facility meets commonly accepted shooting facility safety and design practices as set forth in King County Code 6.84.030. King County shall base its licensing determination on the review and concurrence of the King County Sheriff and Development and Environmental Services or their designees.

\_\_\_\_\_  
Applicant's Signature Date

*Responsibility for complete and accurate preparation of applications, plans and specifications for compliance with applicable laws, and safe design, construction, use and operation of facilities regulated by King County under the King County Code, shall rest exclusively with the applicant. Regulation by King County is intended to protect the health, safety and welfare of the general public and is not intended to protect any particular class of individuals or organizations. Nothing in the inspection report shall be construed as placing responsibility for code compliance or enforcement upon King County or any officer, employee or agent of King County. Application review and inspections conducted are intended to foster and encourage compliance, but are not guarantees or assurances either that any design, construction, use or operation complies with applicable laws or that the facility is safely designed, constructed, used or operated.*

## Certification of Safety

Date: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of the  
(print name) (title)

(name of shooting sports facility)

do hereby certify that the named shooting sports facility meets commonly accepted shooting facility safety and design practices and will be operated in a manner which protects the safety of the general public and that the named shooting sports facility is in compliance with King County Code 6.84, regulations for shooting sports facilities.

\_\_\_\_\_  
(signature)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(year)

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Notary Public in and for the State of Washington

(Affix Seal)